

**The Division of Behavioral Health  
COMMUNITY COALITION APPLICATION UPDATE FORM**

**FILING INSTRUCTIONS**

In order to properly update the database, you must complete all information requested below. Please return this form to Amanda Baker, Division of Behavioral Health, 1706 E. Elm Street, PO Box 687, Jefferson City, MO 65102 or to [amanda.baker@dmh.mo.gov](mailto:amanda.baker@dmh.mo.gov).

If you have questions regarding this form, please contact Amanda Baker at (573) 751-9414 or [amanda.baker@dmh.mo.gov](mailto:amanda.baker@dmh.mo.gov)

**DATE:**

**REGIONAL SUPPORT CENTER:**

**RSC CONTACT NAME:**

**RSC PHONE NUMBER:**

**RSC EMAIL:**

**TEAM NAME (what is currently listed on registry):**

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**PLEASE MARK WHICH SECTION IS BEING UPDATED**

- ☐ **TEAM NAME:**
- ☐ **TEAM LEADER'S NAME:**
- ☐ **TEAM MAILING ADDRESS:**
- ☐ **TEAM PHONE NUMBER:**
- ☐ **TEAM FAX NUMBER:**
- ☐ **TEAM EMAIL:**
- ☐ **COUNTY:**
- ☐ **WEBSITE:**